



Washington State Health Care Authority  
**Prescription Drug Program**

P.O. Box 91132 • Seattle, Washington 98111-9232  
206-521-2027 • FAX 206-521-2001 • TTY 360-923-2701 • [www.rx.wa.gov](http://www.rx.wa.gov)

October 15, 2012

Dear Interested Party,

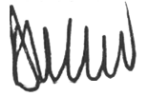
Based on recommendations by the Washington State Pharmacy and Therapeutics Committee, the Health Care Authority (Medicaid/Uniform Medical Plan) and the Department of Labor & Industries (L&I) have named the following drugs as preferred in their respective therapeutic classes on the Washington State Preferred Drug List (PDL), effective December 1, 2012:

Asthma Controller Drugs – Inhaled Corticosteroid reviewed 8/17/2011		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
beclomethasone dipropionate	Qvar <sup>®</sup> aerosol	Yes	Yes	Yes
budesonide	budesonide suspension	Yes	Yes	Yes
	Pulmicort <sup>®</sup> suspension 1mg/ 2ml	Yes	Yes	Yes
fluticasone propionate	Flovent Diskus <sup>®</sup> aerosol powder breath activated	Yes	Yes	Yes
	Flovent HFA <sup>®</sup> aerosol	Yes	Yes	Yes
The effect of this recommendation is to make Pulmicort Flexhaler <sup>®</sup> non-preferred on the PDL.				
Asthma Controller Drugs – Inhaled Corticosteroid Combinations		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
fluticasone propionate; salmeterol xinafoate	Advair Diskus <sup>®</sup> aerosol all strengths	Yes	Yes	Yes
	Advair HFA <sup>®</sup> aerosol	Yes	Yes	Yes
The effect of this recommendation is to make Symbicort <sup>®</sup> non-preferred on the PDL.				
Asthma Controller Drugs – Leukotriene Modifier		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
montelukast sodium	montelukast sodium tablet	Yes	Yes	Yes
zafirlukast	zafirlukast tablet	Yes	Yes	Yes
The effect of this recommendation is to make Singulair <sup>®</sup> non-preferred on the PDL and to make montelukast sodium and zafirlukast preferred on the PDL.				
Asthma Controller Drugs – Long Acting Beta Agonists		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
salmeterol xinafoate	Serevent Diskus <sup>®</sup> aerosol powder breath activated	Yes	Yes	Yes
The effect of this recommendation is to make Foradil Aerolizer <sup>®</sup> non-preferred on the PDL.				

Each agency will use the common PDL according to its benefit structure. You may view the current PDL at: <http://www.rx.wa.gov/documents/washingtonpdl.pdf>

If you have other questions or comments regarding this announcement, please contact Leta Evaskus at (206) 521-2029 or by email at [leta.evaskus@hca.wa.gov](mailto:leta.evaskus@hca.wa.gov).

Sincerely,

A handwritten signature in black ink, appearing to read 'Duane Thurman', with a stylized, cursive-like script.

Duane Thurman  
Director, Prescription Drug Programs  
Washington State Health Care Authority